OFFICE USE ONLY

Arizona State Board of Optometry

1400 West Washington, Suite 230
Phoenix, AZ 85007
Telephone (602) 542-8155 • Fax (602) 542-3093

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION

The following information must be submitted to the Board at least forty-five (45) days prior to the date the course is offered.

R4-21-208 (A) "All continuing education courses or programs approved by the Board are based on the following: The education has optometric application, the education is available to all optometrists and students of optometry, the instructor has expertise in the field in which the instructor is teaching, the learning objectives are reasonably and clearly stated, the teaching methods are appropriate and clearly stated, and documentation of attendance is provided to those attending.

1.	Name:
2.	Address:
3.	Phone #:
4.	Sponsor of Program:
5.	Time and Place of Program:
6.	Course Name and Location:
7.	Address where CE will take place:
8.	Conditions of Availability (How will you notify all optometrists?):
9.	Contact Person:
10	Total Number of CE hours requesting. Please indicate the number of Regular and the number that are Practice Management CE's.

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11. Instructor's Name – Must attach C'	V's (if additional space is needed use a separate sheet.)
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12. On a separate sheet please provide	a description of the program content (syllabus, course description,
	d dobbliption of the problem content (s) most, to make a second,
etc.)	
Signature:	Date:
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Person with disabilities may request reasonable ac	commodations by contacting the Arizona State Board of Optometry at (602) 542-8155.
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